# UNITED STATES DISTRICT COURT for the

Distr	rict of
	Division
	Case No. 1:23-CV-740
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	(to be filled in by the Clerk's Office) )  Jury Trial: (check one) Yes No )
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page	FILED HARRISBURG, PA  MAY 0 4 2023  PER DEPUTY CLER:

#### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a mirror; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grie rance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

#### I. The Parties to This Complaint

## A.

B.

The Plaintiff(s)			
Provide the information below for needed.	each plaintiff named in the	complaint. Attach	additional pages if
Name	JAMES F. OF	DOLLIELL -	Se
Address	HOMELESS		
	EPHRATA	PA	17522
	City	State	Zip Code
County	LANCASTER		
Telephone Number	(272)253	8066 16 GMAIL.	
E-Mail Address	YEODIR REI	1@ Comain.	Con
The Defendant(s)			
Provide the information below for individual, a government agency, a include the person's job or title (if them in their individual capacity or	n organization, or a corpor known) and check whether	ration. For an indiv r you are bringing th	idual defendant, his complaint against
Defendant No. 1			
Name	C. DAVID JOH	NSTON	
Job or Title (if known)		CER	
Address	SMATES		
	EPHRATA	A	17527
•	City	State	Zip Code
County	LANCASTER		
Telephone Number			
E-Mail Address (if known)			4
	Individual capacity	Official cap	acity
D.C. L. A.			
Defendant No. 2	Osle H	10 - N = 10	2
Name	CHC. A	ATFIELD JA	1
Job or Title (if known)	Porice Offi	CER / K-9 +	LANDLER (ZOLAN
Address		<u> </u>	
	LANCASTER CIOTY	PA -	7:- Code
Country	1 A . cc A s	State	Zip Code
County Telephone Number	LANCASTER		The state of the s
Telephone Number E-Mail Address (if known)	400-0-0		,
L-Man Address (ij known)			
	Individual capacity	Official cap	pacity

		Case 1:23-cv-00740-WIA	Document 1 Filed 05/04/23 Page 3 of 7
Pro Se 1	5 (Rev. 12/	16) Complaint for Violation of Civil Rights (Non-	-Prisoner)
		Defendant No. 3  Name  Job or Title (if known)	EPARATA POLICE DEPARTMENT
		Address	124 S. STATE ST.  EPHRADA PA 71522  City State Zip Code
		County Telephone Number E-Mail Address (if known)	LANCASTER
			Individual capacity Official capacity
		Defendant No. 4  Name  Job or Title (if known)  Address	LANCASTER CITY POLICE DEPARTMENT K-9 UNIT
		County Telephone Number E-Mail Address (if known)	City State Zip Code  Individual capacity Official capacity
П.	Basis	for Jurisdiction	Individual capacity E Official capacity
	immu Feder	nities secured by the Constitution an	the or local officials for the "deprivation of any rights, privileges, or de [federal laws]." Under Bivens v. Six Unknown Named Agents of 8 (1971), you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (chec	ck all that apply):
		Federal officials (a Bivens cla	aim)
		State or local officials (a § 19	983 claim)
	В.	the Constitution and [federal laws	ng the "deprivation of any rights, privileges, or immunities secured by ]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

You, the DEFENDANT HAS A RIGHT TO

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

DISCRIMINATION BECAUSE of RECENT CIRCUMSTAKES I AM HOMELESS

#### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

3 E LOCOSTST ERGRATA BOROUGH, PA 17522

B. What date and approximate time did the events giving rise to your claim(s) occur?

3/28/23 1:4/th 5 E LOCUST ST. EPHLYABSONGHPA 173

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I WAS RELEASED FROM LANCASTER COUNTY PRISON A UN APRIVED IN
EPHRATA, PA AT 17: ROAM I COLD NOT GO TO WHERE I WAS
GOIDE TO STAY. IT WAS TOO COLD TO BE OUTSIDE, I SAW A WINDOW
OF A GARRAGE OPENSO AND WENT (NEEL ASLEED, I WAS ANACENED
BY A BLICE DOG. AND THE DOG SETH WSLY (USURED) MY LEFT HAND
AND MY RIGHT ARM, I HEARD NO AMOUNCEMENT VUTILAFTER THE
POST WAS ON ME FOR 5 OR 10 SCCONDS, I WAS TOTALLY ASLESS
AND WAS MOVED FOR A LEAST A FULL MINUTES. THEN SEVERELY
BLEEDING WAS CUTED, SECURED, AND ARRESTED, CUEY EPHRETA POLICE
AND WAS RECESTED POLICE WERE WITHERSES.

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#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My LEFT HAND SUFERED A DEEP LACERATION AROUND THE PAID of MY
THUMB. IT WAS APPROXIMATELY 3 INCHES BLONG AND VERY DEEP.

MY RICHT ARM WAS SEVERELY POLLED TO THE POINT THAT THE
PERUE IS CONTINUING TO CAUSE HORRID PAIN. THE DOCTORS

BELIEVED I SHOULD BO SEEN BY AN ORTHOPAEDIC SURGEON

BUT WERE TOUS THAT I HAD TO BE DROPPED AT THE JAIL

SO A MINOR STITCH JOR WAS APPLIED TO LEFT HAND.

MY RIGHT ARM RECEIVED A BANDAGE, I WIS GIVEN PAIN

KILLERS AND RETURNED TO EPHANTA TO ANSWER QUESTIONS

WHICH I DON'T REALLY REMEMBER.

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

AFTER CAREFOR NERVE DAMAGIE
PSTICHE EVALUATION FOR P. 7. S. D.
CONSULT CIVIL LAWYER FOR THE VALUE OF DAMAGE

### VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4/39 Signature of Plaintiff	7- K	rlind 9.	2
Printed Name of Plaintiff	JAMES F.	O'DONNELL.	JR.
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
_	City	State	Zip Code
Telephone Number			
E-mail Address			

Number 2 7 1900000 Lancaster County Prison

Drawer C

625 East King Street Lancaster, PA 17602-3199 HARRISBURG, PA

MAY 0 4 2023

HARRISBURG PA 171

NORTH LASTERN DISTRICT COURT

1501 NORTH 6TH STREET

HARRISBURG, PA

17102

17102-110401